Saskatchewan
Health

COMMUNITY HEALTH PREVENTION SERVICES

PRINCE ALBERT HEALTH REGION #12

ANNUAL REPORT 1991

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CH-PSB PERSONNEL IN THE HEALTH REGION
(at December, 1991)

M. Bryant, Regional Director and Medical Health Officer
G. Rindahl, Regional Nursing Supervisor
C. Shaw, Senior Public Health Inspector
J. Rindahl, Speech-Language Pathologist
L. Froc, Speech-Language Pathologist (Enc. L. Laturnas)
R. Wong, Early Childhood Psychologist
J. Smith, Public Health Nutritionist (Enc. H. McAvoy)
C. Asmussen, Dental Health Educator
L. Howe, Dental Health Educator
E. Nickel, Public Health Nurse I
J. Brooks, Public Health Nurse I
O. Karpish, Public Health Nurse I
P. Stuart, Public Health Nurse I
W. Atcheson, Public Health Nurse I
J. DaSilva, Public Health Nurse I
M. Kochems, Public Health Nurse I
E. Thompson, Public Health Nurse I
G. Pochailo, Public Health Nurse I (Enc. K. Ullyott)
S. Robinson, Public Health Nurse I
C. Driscoll, Public Health Nurse I (Enc. S. Heidel)
L. Waker, Public Health Nurse I
R. McIvor, Public Health Nurse I
S. Woods, A/Public Health Nurse II
L. Humenny, Public Health Inspector II
P. (Paul) Ross, Public Health Inspector II
P. (Peter) Ross, Public Health Inspector II
L. Pelletier, Clerk Stenographer IV
B. Grezaud, Clerk Stenographer II
J. Berkech, Clerk Typist II (Part-Time)
A. Lubyk, Clerk Typist II (Temp.)
J. Marcotte, Clerk Typist II (Temp.)

DISTRICT OFFICES

SHELLBROOK	C. Kowalczyk, Public Health Nurse I M. Agnew, Clerk Typist II (P.T.)
SPIRITWOOD	A. Driechner, Public Health Nurse I B. Herbel, Clerk Typist II (P.T.)
WAKAW	J. Rudichuk, Public Health Nurse I L. Kohle, Clerk Typist II (P.T.)
BIG RIVER	C. Honig, Public Health Nurse I J. Kennedy, Public Health Nurse I G. Dunn, Clerk Typist II (P.T.)
ROSTHERN	D. Fehr (Maternity Leave Oct. 28/91) E. Broten, Clerk Typist II (P.T.)

HEALTH DISTRICTS, MUNICIPAL HEALTH REPRESENTATIVES
(As of December 31, 1991)
*Indicates Board Member

HEALTH DISTRICT #1	MUNICIPAL HEALTH REPRESENTATIVE
City of Prince Albert	*Grethyll Adams
City of Prince Albert	*Wilma Isbister
HEALTH DISTRICT #2	
Blaine Lake	*Mabel Androsoff
Shellbrook	Harry Beilhartz
Leask	Miriam Barcsik
Marcelin	Mike Kiryk
Parkside	Vivian Martin
R.M. of Blaine Lake #434	John Priestly
R.M. of Leask #464	Albert Garand
R.M. of Shellbrook #493	Sid Smith
Resort Village of Pebble Baye	Gene Wyman
HEALTH DISTRICT #3	
Big River	Grace Cromartie
Spiritwood	Jack Boechler
Canwood	Robert Briggs
Debden	Carmen Jean
Leoville	Noel Turgeon
Shell Lake	*Don Weiers
Resort Village of Chitek Lake	Marilyn Morley
R.M. of Canwood #494	Lee White
R.M. of Spiritwood #496	Ludwig Schalm
R.M. of Big River #555	Norah Anderson
Resort Village of Big Shell	Frank Woiden
Resort Village of Echo Bay	Brian McCaig
HEALTH DISTRICT #4	
Duck Lake	Peggy Foster
Rosthern	George Oleksyn
Hague	Pat Wagner
R.M. of Rosthern #403	Peter Friesen
R.M. of Prince Albert #461	*Pat Kisil
R.M. of Duck Lake #463	Carl Windels

HEALTH DISTRICT #5	MUNICIPAL HEALTH REPRESENTATIVE
Birch Hills	*Jim Johnstone (Board Chairman)
Cudworth	John Lange
Wakaw	Faye Michayluk
Alvena	Julius Dinter
Domremy	Marie Georget
St. Louis	Fernand Gaudet
Yellow Creek	Mary Wojcichowsky
Resort Village of Wakaw Lake	Jack Thompson
R.M. of Hoodoo #401	Louis Kolla
R.M. of Fish Creek #402	Ben Boychuk
R.M. of Invergordon #430	Edwin Rundbraaten
R.M. of St. Louis #431	Stan Swenson
R.M. of Birch Hills #460	Cathy Mills
HEALTH DISTRICT #6	
Meath Park	Marvin Sachkowski
Paddockwood	Dorothy Spoonheim
Weirdale	William Sutton
Resort Village of Candle Lake	Oni Sackney
R.M. of Garden River #490	Stan Kowal
R.M. of Buckland #520	*Pat Sen
R.M. of Paddockwood #520	Albert Tease
R.M. of Lakeland #521	Mona Squires
Christopher Lake	Josephine Crothers
Albertville	Lori Dunn

REGIONAL BOARD CHAIRMAN

I wish to bring greetings from the Prince Albert Health Region Board.

This year has brought change that I feel is positive as we have our own Medical Health Officer, Dr. Malcolm Bryant, who lives in Prince Albert, but is shared with the Melfort-Tisdale Health Region. Also, a new government was elected in the province this year which I hope will bring about positive change in the health system and still keep health care accessible to all.

I would like to mention, as I did in last year's address, the Aurum Dump Site and Cloverbar Landfill situated on the Saskatchewan River in Edmonton. As of this date, much more study is being done on the site for the safety of those living downstream and for the environment as a whole. I would like to commend Grethyll Adams for her work on having these changes come about.

We had another successful year as far as Everyone Wins Community Grants were concerned. Our allotted funds were spent in this region. In the coming year, these grants may no longer be available, but the whole health region has benefited from the ability to work together in promoting health through this program.

I feel there will be a role change in the health field for the board and district representatives in the coming year. The Wellness Program that our new government is embarking upon will mean more community involvement will be necessary. This will mean that school children must be taught better eating habits, good hygiene, a system of principles for the preservation of health and prevention of diseases. For the older generation, it will mean doing more for ourselves and not running to the doctor every time we get up with a pain somewhere as this is just part of getting older. This must happen if we are to keep our universal health system intact.

I have enjoyed working with the Board of Health and the Prince Albert Health Region staff. I thank them for their contribution to health in our region this year.

Jim Johnstone
Regional Board Chairman

REGIONAL DIRECTOR

I arrived in Prince Albert in August, and so have been Regional Director for only 5 months of the current year. I would like to express my thanks to Grace Rindahl for her work as Acting Regional Director for the last two years, and for her assistance in negotiating the transition period, which has been very smooth.

This has been a stressful year for the region, but one that ends with great hope. I am proud to head a team of dedicated professional and support staff who have worked extremely hard to ensure that the people of the health region receive the best possible service. At the same time, we all have to face the reality that our service is understaffed and underfunded and that radical change is required if we are to modify the patterns of disease which cause so much suffering and hardship in our population. Our hope is that with the recently announced emphasis on wellness, that more emphasis will be given to primary preventive activities.

As is traditional in public health services, the bulk of our resources this year have been directed towards the prevention and spread of infectious diseases. These "communicable" diseases can be spread in many ways, but usually through direct contact, improper waste disposal, incorrect water treatment, poor personal hygiene, or the incorrect handling of food-stuffs. In line with this, our strategy has continued to be one of immunizing the population against selected diseases (to prevent the disease from occurring), providing prompt follow-up of people who have communicable diseases, (to prevent further spread), and control of water, sewage and food handling, (to eliminate the source of disease). These strategies are tried and tested, and our staff have successfully prevented widespread disease outbreaks during the year.

In addition to the more traditional role, our service has concentrated on several other key preventive strategies:

- The screening of pre-school children for vision, hearing and developmental level to facilitate early diagnosis, referral, and correction of problems;
- The identification of target groups known to be at risk of poor health outcomes such as teen mothers, or those at risk of developing heart disease;
- Public Education to specifically targeted groups, such as school age children or those responsible for food-handling; and,
- The provision of secondary prevention to children with speech or behavioral problems through our speech and early childhood phycology programs.

As you will see from the individual reports each discipline has been working very hard, with the result that we have seen some very important new initiatives such as the new Child Health Centre at the Indian and Metis Friendship Centre, the Fluoride Mouthrinse Program and the Eat Smart for Your Heart workshop series. However, you may also note an element of frustration that we are unable to fully address the problems we face with our existing resources.

During the last year, a great deal of effort has been put into improving the management of the health region. This has involved careful planning and monitoring of resources, with emphasis being given to identify both sources of waste and effective ways to improve efficiency. New practices have been adopted to deal with identified problems, with the result that the region is able to use its limited resources more effectively. To illustrate the degree of success, the expenditures in the health region for the current fiscal year will be within 1% of the approved budget - a remarkable achievement.

As mentioned earlier, the level of staffing in the region has remained critical. This has not been due to the lack of qualified staff, but because of restraints that prevent us from hiring. Much work has been done both locally and at a branch level to rectify this situation, but at the time of writing, we remain critically short staffed. Despite this shortage, we have continued to leave 4% of our available positions vacant at the direction of the central government, for "vacancy management".

I have also spent a great deal of time working with the Regional Board of Health in determining how to strengthen the communication between the branch and the board, so that the board can play its full role as an advocate for prevention in the community. It has been an interesting journey for all of us, and we expect that the coming year will see a new and effective role emerging for both the regional board, and the local boards of health in the region.

I wish to extend my thanks to all the staff of the region who have worked so tirelessly during the last year, with an especial thank-you to our small but effective group of support staff.

Malcolm Bryant
Regional Director

MEDICAL HEALTH OFFICER

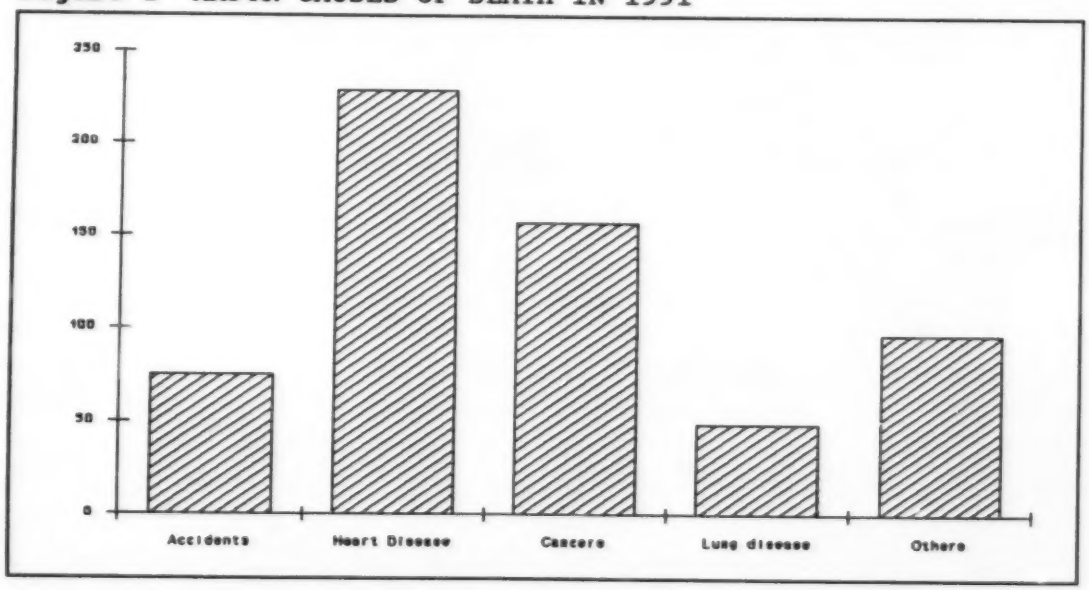
I would like to extend my sincere thanks to Dr. Don Watler who has provided coverage as Medical Health Officer from Yorkton during the last two years, and who has been of such assistance in orienting me to the region and the Province.

As Medical Health Officer, it is my role to monitor the health of the population of the region, and ensure that effective preventive measures are taken to control or eliminate diseases responsible for illness or death. Because of my brief time as M.H.O., it is difficult for me to draw effective conclusions at this stage, however, I have drawn out a few important statistics to illustrate the scope of the problems that we face.

1 Preventable causes of death,

Figure 1 shows us the most common causes of death for the last year.

Figure 1 MAJOR CAUSES OF DEATH IN 1991



I have not broken these down in more detail for this report as it would become too confusing, but it is interesting to note that: -

- The majority of accidental deaths are preventable;
- Over half of the deaths due to heart disease are preventable;
- Half the deaths due to lung disease are preventable; and,
- One third of the deaths due to cancers, are preventable.

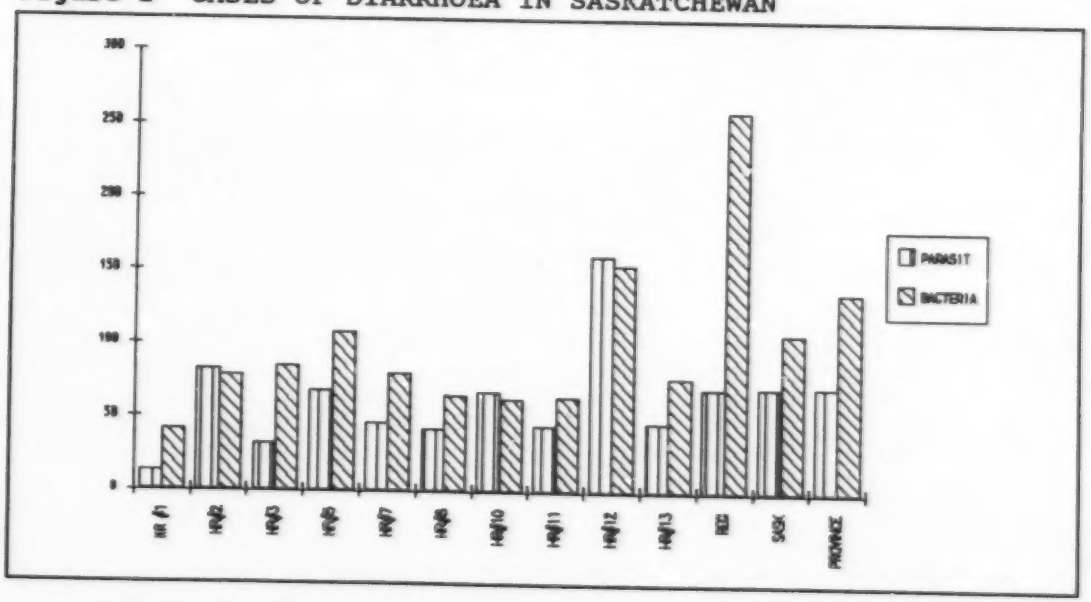
The preventive measures necessary are simple, for example stopping smoking, eating the appropriate diet, and increasing the amount of exercise. Much more effort has to be placed on these interventions if we are to make an impact on these preventable causes of death.

2 Communicable diseases

Because of the severity of certain diseases, and their ability to be spread throughout the population, specific diseases are designated as notifiable, and as such, we provide special follow-up and monitoring. We notified 324 diseases this year, but because every health region has a different population, I have adjusted the numbers to cases per 100,000 people, so that we can make direct comparisons across the province.

The Prince Albert Health region has one of the highest rates of communicable disease transmission in the province at 403 cases/100,000 people. The most common communicable diseases that we have seen have been water- and food-borne diseases. There has been one confirmed outbreak of food-poisoning in the region in the last year, which because we were notified late, we were unable to trace it accurately back to its source. Figure 2 presents some interesting data on cases of diarrhoea. The graph compares diarrhoea caused by bacteria and parasites in every health region and the two major cities.

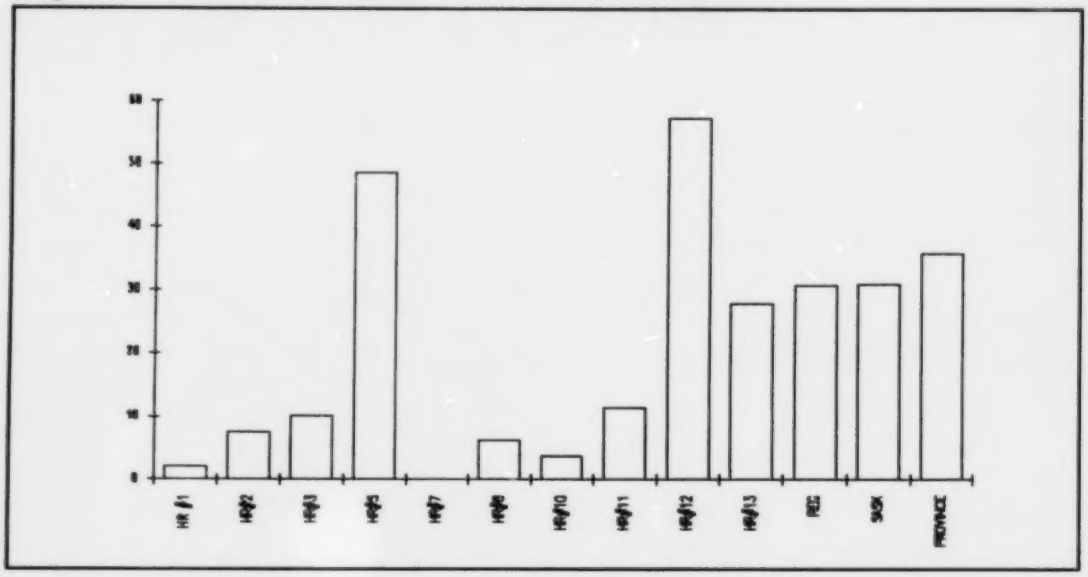
Figure 2 CASES OF DIARRHOEA IN SASKATCHEWAN



As is clear, Prince Albert (HR #12) has a much higher rate of both diseases than any other health region. Of even more concern is the fact that our rate of parasitic infections is higher than the cities, and we are currently studying what is underlying this problem. It seems likely that the large bodies of open water in the area, and the recreational industry may be a factor, but this will remain to be seen.

Figure 3 shows some interesting information for another common, and well known disease, Hepatitis. We experienced a significant epidemic in the early part of the year, which is why we see such a high rate.

Figure 3 CASES OF HEPATITIS IN SASKATCHEWAN



In addition to the above, we have seen two small outbreaks in the region during the year:
German Measles (Rubella) became common in school-age boys who were missed in early vaccination campaigns. We are currently instituting a campaign to immunize all boys who were not immunized as children.
Whooping Cough (Pertussis) also had a small outbreak in the late summer, but we were able to control the spread by active control measures.

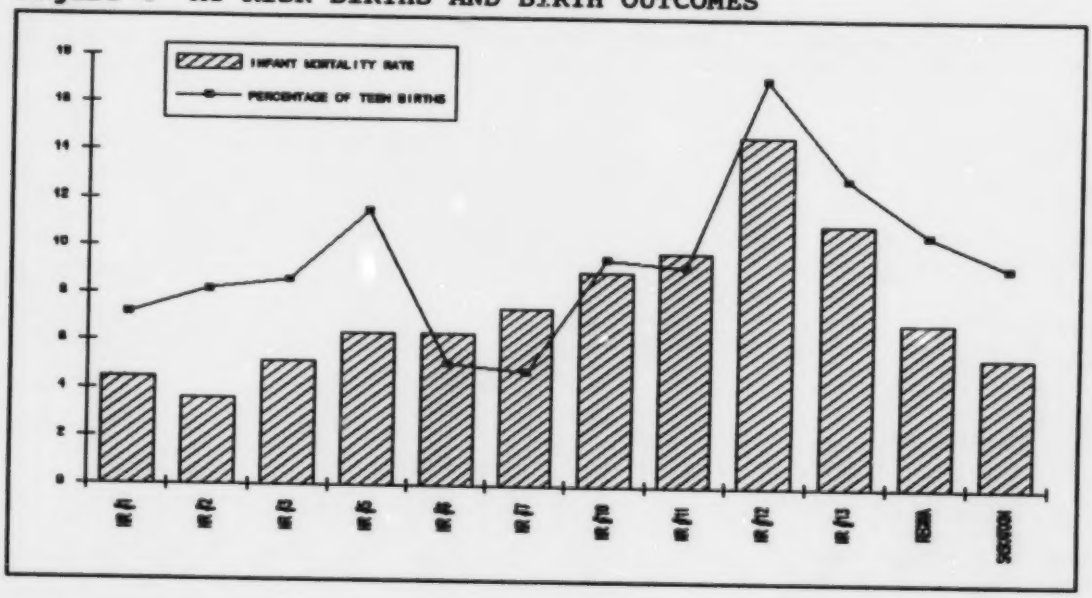
We have been very concerned about the fact that we are not vaccinating all of the children in the region. Our figures indicate that we originally make contact with over 90% of children, but that by the age of 18 months, only 65 - 70% are fully immunized. We are looking at different ways of delivering

our services, which may better reach the population that we are currently missing.

3 The targeting of teen pregnancy

We know through clinical experience and observation, that certain socioeconomic or other groupings in our society have a higher incidence of problems than others. One key target in the past year has been teenage pregnancy. The reason why we regard this of such importance is shown quite clearly in Figure 4. This graph shows the percentage of children born to teenage mothers, with the Infant Mortality Rate (IMR). Infant mortality is often used as a measure of the health of a population, and it is shocking to realize that Prince Albert has the highest IMR in the province. The fact that the IMR directly matches to the percentage of teen pregnancies makes this area of our programming especially important.

Figure 4 AT RISK BIRTHS AND BIRTH OUTCOMES



In the year to come, we will be making a special effort to target this area, and we are looking at ways to collaborate with a broader range of agencies in the community.

I look forward to the coming year, and a chance to work more closely with the community and the staff of CH-PSB to improve the health of the whole community.

Malcolm Bryant
Medical Health Officer

PUBLIC HEALTH NURSING

Twinning of the Regional Nursing Supervisor position continued for the whole year with the Melfort-Tisdale Health Region. Judy Tondell (public health nurse II in Melfort) acted in the RNS position from Jan-Aug 15/91. At this time Grace Rindahl returned to her home position as RNS when the Regional Director position was filled.

Karen Ullyott was on maternity leave for all of 1991 and Shirley Woods (public health nurse I - P.A.) acted in her position during this time. There were three other public health nurse I maternity leaves in the region. Sandy Heidel (PA) and Arlene Drieschner (Spiritwood) were off for most of the year, and Diane Fehr (Rosthern) toward the end of the year. We were able to successfully recruit temporary replacements to the P.A. and Spiritwood positions and provide coverage to Rosthern from P.A.

Two job sharing positions were approved during the year. These were March 1991 Colleen Honig and Jelaine Kennedy in Big River and Ruth McIvor and Liz Waker in August 1991. This makes a total of three public health nurse I positions being job shared in the region at present.

The region was very successful in acquiring 2 additional Public Health Nurse I positions in the city of Prince Albert. The nursing districts were redivided in April 1991 when Liz Waker joined the staff full time and again in September 1991 when Sherry Robinson joined the region as well.

Another success for 1991 was that the region was able to recruit Jackie Marcotte as a support to the public health nurses since August 1991.

A new pediculosis protocol was introduced into the schools in the fall of 1991. The public health nurses are emphasizing the educational aspect of controlling the spread of pediculosis or headlice. This protocol recognizes that control of headlice is a community problem and a co-operative effort between parents, school personnel, public health personnel and the medical community is required. This process and change is going well in the region. The nurses look forward to continued positive working relationships with all professionals in supporting this new approach.

The Support Program for Pregnant Adolescents continued throughout the year. Six schools were involved in the program; Carlton, Duck Lake, Leask, Cudworth, Canwood and Spiritwood. Referrals were received from various areas to include self, teacher, parent, physician and social worker. There were a total of 52 admissions to the program. A great deal of effort has been put into this program area by the public health nurses. There is

still a large number of pregnant adolescents not referred and we are planning methods to improve our service delivery in this area for 1992.

The Vision Program was evaluated in 1991. The public health nurses presently conduct screening on 4-year-olds at Child Health Conferences as well as the 6 and 9 year olds in school. The nurses screened 60% of the target population of the 4-year-olds, 88% of the 6-year-olds and 87% of the 9-year-olds. The evaluation results were positive and the program is expected to continue with minor changes in 1992.

A new program area that the public health nurses entered into this year was the Influenza Program. They immunized the well elderly over 65 years of age. They were orientated to the program in August and by September were choosing sites at Senior Citizen Centres to immunize. They immunized this group until the end of 1991. They achieved about a 20% coverage rate for the well elderly in the region. The medical profession was also immunizing and overall a 65% rate was achieved.

Student field experience was provided to the SIAST students - 131 observed the public health nurses in various program areas. Four basic students from the College of Nursing spent time in the region with the public health nurse's in the summer of 1991.

The Continuing Education Workshop for public health nurses in practice was attended by five public health nurses from the region at the University of Saskatchewan in Saskatoon. This was the final year for a 3 year theme on "Promoting the Health of Children and Adolescents in the Family Content". A new theme begins next year.

The Nobody's Perfect parenting classes experienced growth this year. Five more public health nurse's were trained as facilitators in the City of Prince Albert. This makes a total of seven nurses trained in the region. Classes have been held in Prince Albert and Big River. This program meets the parenting needs of the young single, low income, socially or geographically isolated or parents with limited formal education.

The public health nurses in the City of Prince Albert spent a great deal of time in May and June immunizing junior and senior high school students with rubella vaccine. There was an increased number of cases reported so this action was necessary to control the situation. The nurses immunized over 1200 students from Grade 7 - 12 in an effort to curb an outbreak that started in Prince Albert in the early spring. The majority of these students were boys who previously were not immunized in our former programs.

A Child Health Centre review has taken place throughout the region. A concentrated effort was put in place by management to upgrade the sites and ensure that standards are met and that all sites are safe and clean. Prince Albert Health Region enjoyed a very high percentage of the sites meeting the standards.

In the City of Prince Albert, two new Child Health Centre locations were created in an effort to take our services closer to the people. One centre is at the Indian Metis Friendship Centre and the other is at the YWCA. This has proven to be a positive approach and I hope to do more similar changes in 1992 to continue to meet the needs of our clients.

This was the first year that the public health nurses in the region received Hepatitis B vaccine. Ten nurses in the region received it. All the nurses will receive it over a 6 year period based on the amount of their clinic hours. Hepatitis B vaccine is recommended for staff who are exposed to blood and body fluids. This is a preventative measure in communicable disease control in our staff.

I would like to take this opportunity to thank the nursing staff for their commitment, high quality of service, support and enthusiasm shown through the year.

I would also like to thank the clerical staff and other program staff within the region as well as agencies outside with whom public health nurses interface in their daily operations.
A special thanks to Dr. Malcolm Bryant for his guidance, support and interest.

Grace Rindahl
Regional Nursing Supervisor

Table I PUBLIC HEALTH NURSING STATISTICS

PRENATAL CLASS ATTENDANCE	CLASS 1		CLASS 2		CLASS 3		CLASS 4		CLASS 5		CLASS 6	
	'90	'91	'90	'91	'90	'91	'90	'91	'90	'91	'90	'91
No. of classes taught	13	13	12	13	44	30	47	36	49	29	42	28
No. of mothers attending	96	68	84	57	248	255	275	249	228	210	199	179
No. of primiparas	83	53	55	45	237	216	215	219	197	184	163	152
No. of mothers:												
17 & younger	2	7	3	3	14	9	10	12	11	7	6	6
18 - 35	94	60	81	52	265	236	261	233	213	196	190	163
Over 35	0	1	0	2	5	8	4	5	4	3	3	3
No. of fathers/coaches attended	82	54	67	51	259	239	230	235	208	196	177	167
New registrations:												
mothers	0	0	10	7	179	177	15	29	10	12	1	8
fathers/coaches	0	0	7	11	169	159	12	32	13	10	4	8

Table II HOME VISITS BY PUBLIC HEALTH NURSES

	TOTAL		HOME VISITS		INTERVIEWS/ OTHER CONTACTS	
	'90	'91	'90	'91	'90	'91
Prenatal	504	517	144	162	360	355
Postnatal	1594	1515	978	972	616	543
Infant	1055	1097	238	244	817	853
Preschool	1224	964	332	262	892	702
School age	729	892	208	186	521	706
Adult:						
- under 65	1318	1319	377	330	941	989
- 65+	616	667	373	356	243	311

Table III CONTACTS WITH THE PUBLIC

	'90	'91
No. of Births	1384	1359
School Program:		
Teacher/Nurse Conference	879	830
Students seen	3627	4783
Education Program:		
Attendance	2787	1510
Number Immunized	2849	4858
Communicable Diseases:		
Hepatitis A	55	31
Hepatitis B	6	6
Gastrointestinal	179	107
Rubella	0	32
Pertussis	0	6
Other	13	9

PUBLIC HEALTH INSPECTION

The main success of our program delivery this past year has been in "public education". This program has been provided to people involved in the food industry; waiters/waitresses, food processors, food service workers, etc. The National Sanitation Training Program still remains in demand and the staff is able to meet this demand. From this we are able to attain some sense of pride as we are good at providing this service. This may be well reflected in the low incidence of food poisoning in the region. This past year eleven National Sanitation Training Program food schools were held with three hundred thirty-four people being successful in completing the course.

Success has been accomplished in the compliance to the Shoreline Pollution Control Regulations. This was not entirely due to our efforts. With the cooperation of the local governing authorities of the Rural Municipalities of Lakeland, Hoodoo and the Resort Village of Candle Lake (areas of high shoreline/recreation activities) it has been possible to achieve a 90 percent success rate in the control of the disposal of liquid waste effluent.

In the past year one hundred ten housing complaints have been received and investigated. As a result, we have been able to get a very high rate of remedial action. This has been accomplished with the co-operation of the owners/occupants by removal or modification of the unsanitary conditions.

Substandard houses in this region no longer remain a major health problem. Cooperation of the various municipal councils along with the vigilance of the inspection staff over the last several years have curbed this environmental health problem. Although we are able to achieve success in this program, it must still remain a priority concern.

Legal action has been initiated by this department in order to enforce existing regulations. Due to non-compliance with an order to remedy a public health hazard, a district mobile home park operator is being prosecuted to enforce regulations.

The new Public Health Act will consider stronger enforcement procedures for non-compliance with provincial regulations. With this new act, it may well be possible to alleviate the heavy load of responsibility and liability borne by our inspectors.

Maintaining compliance to the Plumbing and Drainage Regulations remains a problem, because of difficulty in enforcement. This year the demand for plumbing inspections decreased to one hundred forty-nine field visits and sewage disposal field visits to twenty-five.

The newly developed Public Health Inspection Information System, (which uses our recently acquired micro-computers) has enabled us to better examine our progress towards acheiving our inspection targets. It is clear that we are falling well short of expectations, with only 50% of eating establishments being inspected regularly, and only 26% of all required premises being inspected. While some of the problem rests with allocation of work-loads within the region (which has now been corrected), the clear indication is that we are severely short-staffed, and require a minimum of two additional inspectors if we are to meet our requirements.

Having made the above statement, I would like to commend the staff, public health inspector II's Lorne Humenny, Peter Ross and Paul Ross and support staff, Jeanne Berkech, for their cooperation, enthusiasm and patience in the past year while working under adverse conditions.

In conclusion, I would like to welcome Dr. Malcolm Bryant, Medical Health Officer, to this region. It has been a number of years since we have had the direct supervision and access to such a position. Along with his support and resourcefulness, the future program objectives may well be within reach.

C.A. Shaw
Senior Public Health Inspector

DENTAL HEALTH EDUCATION

The success of the program has been a rewarding experience each year. We have seen an increase of awareness to dental health as shown by the interest and response communities and groups in requesting our services.

The objective of the Dental Health Education Program is to promote good oral health habits. To accomplish this goal we visit classrooms, preschools and day-cares; implement and monitor Fluoride Mouthrinse Programs; and provide presentations and resource materials to other educators, care-givers and the general public.

Classroom: The dental program targets students from kindergarten to grade 6. Each student is taught the importance of personal responsibility for dental health and the techniques required to maintain a healthy mouth. We cover a variety of topics including the development and function of teeth, the role of plaque in tooth decay and gum disease, the relationship of good nutrition to dental health and the type of oral hygiene method most suitable for their age group. We have made 100% contact with students, 46 schools were visited in which we have given approximately 403 presentations to 8556 students.

Preschools and day-cares: We make a dental health kit available to care-givers. The kit contains instructions and suggestions for dental games and activities. Care-givers book the kit for one week at a time; it is very helpful for introducing dental awareness to the young child and can be supplemented by a presentation from the dental health educator. For 1991 there were approximately 404 children at 19 facilities who enjoyed the kit. One goal is to encourage all day-cares and preschools to take advantage of this program so more children can benefit.

General Public: Dental health is important for all ages, therefore, dental health educators welcome the opportunity to address the community at large. Throughout the year, 49 presentations were given with 349 participants receiving information on dental health. Reaching new parents is the focus of a weekly presentation at the Holy Family Hospital which is one of our commitments to the general public. We inform parents of the importance of daily oral hygiene before and after teeth erupt. This is also a great opportunity to discuss adult oral health concerns.

Fluoride Mouthrinse Program: This program is offered to schools whose community water system is not fluoridated. Schools participate on a volunteer basis and rinsing takes place weekly or twice monthly with a .2% solution of sodium fluoride. There are 12 schools participating in this program benefiting approximately 1,272 students.

Schools involved in this program are:

Redwing Elementary
Meath Park Elementary
Osborne Elementary
Wild Rose Elementary
MacDowall Elementary
Spruce Home Elementary
West Central Elementary
Shellbrook Elementary
Shell Lake Elementary
Debden Elementary
T.D. Michel Elementary, Big River
Timber Bay Elementary

Dental health educators have developed a program for care-givers of our more senior population. Presentations are offered to groups who are assisting seniors with daily oral hygiene.

April was Dental Health Month and we made contact with the public through a promotional campaign addressed to infants born during the month, visits to children's wards at two Prince Albert hospitals and poster and mall displays at various locations.

Other Activities: In 1991 dental health educators felt a need to review parts of their program. As a group we decided to evaluate the students and teachers that have benefited from presentations since the establishment of the program in 1987. Grade 3's were targeted and results of the evaluation will be completed in mid 1992.

A sincere thank you to the clerical staff for helping make our job easier.

Crystal Asmussen
Lancey Howe
Dental Health Educators

PUBLIC HEALTH NUTRITION

The nutritionist continued to be twinned with the Melfort-Tisdale Health Region for the first three months of 1991. On April 1, a nutritionist began employment in that region, thus separating services. This has been a most welcome change and has allowed a better service to be delivered in both regions. The public continues to take a great interest in nutrition and its relation to their health and the demand for our services remains high.

Heather McAvoy, public health nutritionist, provided service for the first half of the year, but commenced a leave of absence on July 1. Joanne Smith, a recent graduate of the Saskatchewan Community Nutrition Internship, stepped in for the remainder of the year and did an admirable job, showing just how well suited to this position that graduates of that program really are.

The addition of Dr. Bryant to the region as Medical Health Officer has been welcome and very valuable. He has provided knowledge, support, and insight into the various aspects of our program.

The media is an effective way of reaching the public with nutrition information. A weekly nutrition column is provided to all of the newspapers in the region. Since this column is printed free of charge it is included in each paper at the editor's discretion. In 1991 this region had the highest "pick-up" rate in the province. Personal meetings and ongoing written communication with these editors proved beneficial in that this good "pick-up" rate became even better. Specifically, one newspaper that did not previously print the columns agreed to try to include them on a regular basis.

The recession and the resulting economic state has caused poverty and hunger to reach levels that cause great concern in the City of Prince Albert, and to a lesser degree, the rural region. Because of this, a number of agencies and coalitions have formed to fill the needs of hungry children and families. The nutritionist has been asked to contribute her expertise to the Community School Programs as well as the City Summer Feeding Program and several other groups. Resources have been collected from other groups within the province that are being shared locally.

Ms. McAvoy represented Public Health on the Board of Directors for the Carlton Infant Care Centre Inc. This is a 12 space day-care centre located within Carlton Comprehensive High School for the use of student mothers. The centre was funded by the Department of Social Services, with assistance from the local school board, and a great deal of local fund raising. It was opened on September 1, and evaluation of its effectiveness in keeping young mothers in school will be ongoing.

In August, representatives of health-related groups and organizations in Prince Albert were invited to a meeting of the Saskatchewan Heart Health Coalition. Ms. Smith represented the health region. The local coalition has submitted a proposal for funding for a long-term project designed to improve the heart health of the citizens of Prince Albert. Ischemic heart disease continues to be the number one killer of Canadians, and accounted for 23% of all deaths in our health region in 1990, and 19% in 1991.

Because of this, another thrust of our program has been "Eat Smart for Your Heart" workshops. This is the second year these six-hour workshops have been offered and they remain popular. This is a preventative program, aimed at adults with normal blood lipid levels. Three workshops were offered in the region with 47 persons attending. Although follow-up evaluation three months after attendance indicates significantly positive changes in eating habits, it will be difficult to reach a significant number of the target group with existing levels of staffing.

The nutritionist taught 7 of the 12 Prenatal Nutrition classes offered in the region this year. Public health nurses also invited clients attending prenatal classes to fill out a "Prenatal Lifestyle Questionnaire" which is evaluated by the nutritionist and returned to the client. Of 189 questionnaires assessed, 68 or 36% of clients were at risk. One of the underlying problems here is reaching potentially high risk pregnancies - many of these clients do not attend prenatal classes.

Nutrition education workshops for teachers continue to be popular in the region. Project APEX Workshops for Grade 5 classrooms were initiated. This program focuses on nutrition, physical fitness, and self esteem. Teachers attend the workshop and are provided with resource packages to assist them in teaching nutrition in their classrooms. Three workshops were offered in the region; 21 teachers attended and ultimately 600 children will benefit this year.

We would both like to thank our colleagues in the health region, and the support staff for their encouragement and support during the last year. Joanne enjoyed the time spent in our region, and found it an excellent learning experience.

Heather McAvoy
Joanne Smith
Public Health Nutritionists

EARLY CHILDHOOD PSYCHOLOGY

The past year has been a busy one. I provided services for both the Prince Albert and the Melfort-Tisdale Health Regions (except the Wadena and Humboldt District Offices). Fifty-five percent of the time was spent in the Prince Albert Health Region and forty-five percent in the Melfort-Tisdale Health Region.

The Early Childhood Psychology Program provides psychological, consultative and preventive services to preschool children and their families in these health regions. Details of the early childhood psychologist's activities are presented in Table IV.

Because of serving two health regions, there are time restrictions such that I am basically providing services mainly in the area of assessment. I am not able to provide sufficient services in the areas of parent counselling, follow-up and parent education. Some parent counselling was done when the schedule permitted this but, time restrictions did not allow this on a regular basis. For follow-up, I have become mainly a referral person for other community agencies such as day care centres, Early Childhood Intervention Programs, parent aides, Social Services, etc., to assist the clients and their families. I monitor programming and provide resources.

For both Prince Albert and Melfort-Tisdale Health Regions, a total of one hundred and nine (109) new referrals were received with a monthly average equalling nine (9) new children. The average waiting period for new referrals to be seen was three months. In the Prince Albert Health Region, twenty-two (22) percent of the referrals were received from public health nurses, ten (10) percent were from the speech-language pathologists, ten (10) percent from parents and fifty-six (56) percent were from physicians, day care centres, parent aides and Social Services.

A total of three hundred and eight (308) appointments with about that many clients were made in both of the regions. These included assessments with clients, counselling with parents and case conferences with community agencies.

Most of the appointments were in the Prince Albert Health Region office. This was because the City of Prince Albert is the main commercial centre in the region. The clients in rural areas like to come here for appointments because they can conduct other business in the city at the same time. Also, I have a high caseload in the city. However, I visit the district offices when necessary.

I attended the Prince Albert Early Childhood Intervention Program Admissions and Review Committee meetings regularly. I reviewed the children involved in these programs with the early interventionist consistently. A considerable amount of time was

also devoted to consultation and programming services for Special Needs Children in the day care centres.

Presentations were given to community groups such as day care staff, parent aides, parent groups, etc. on the topics of child development, child behaviour, etc.

I also represent Community Health Prevention Services Branch on the Provincial Early Childhood Intervention Program Council which meets three times a year.

A review of the ECP program was requested by the Executive Director of Community Health Prevention Services Branch. The purpose of the evaluation is to identify the strengths, weaknesses and the current status of the ECP program. From the results of the evaluation, there are fifteen (15) recommendations for the program. There will be a follow-up in 1992.

I would like to thank the staff of both health regions for their co-operation and support during this year.

Ruth Wong
Early Childhood Psychologist

Table IV DETAILS OF EARLY CHILDHOOD PSYCHOLOGIST ACTIVITIES IN 1991

	Average of Percent of Total Time
Direct Contact	34.6
Casework Administration	36.1
Public Education	1.7
Professional Development	1.4
Travel	9;.3
General Administration	16.9

Table V EARLY CHILDHOOD PSYCHOLOGIST STATISTICS

	1991	1990	1989
Average Monthly Caseload	67.6	94	82
Number of New Referrals	66	72	74
Number of Discharges	99	70	59
Appointments with or for Children per month			
Services provided:			
1. Assessment	85	94	86
2. Other: Counselling and case conference	94	128	93
TOTAL	179	222	179
Average Number of Appointments	14.9	18.5	14.9
Source of New Referrals			
1. Public Health Nurse	22.7%	26.4%	23.0%
2. Speech-Language Pathologist	10.6%	9.7%	12.1%
3. Parent/Guardian	10.6%	12.5%	21.6%
4. Other: physician, day care, Social Services, etc.	56.0%	51.4%	43.3%
Discharges			
Reason for Discharge:			
1. Transfer to other agency	33.4%	34.3%	35.6%
2. Moved out of region	13.1%	28.6%	13.6%
3. Service refused	14.1%	21.4%	17.0%
4. Goals reached	39.4%	14.3%	30.5%
5. Others	0%	1.4%	3.3%

SPEECH-LANGUAGE PATHOLOGY

Prince Albert Health Region again offered speech pathology services to the preschool and adult segments of our population in 1991. These services are directed toward people who have difficulties with communication disorders. For children, these disorders would include speech production (sound) problems, delays in comprehending and expressing language, preschool stuttering or fluency, and voice difficulties. Adults that are referred to us usually have communication difficulties resulting from a stroke or a closed head injury. We also have a small number of adult clients with stuttering or voice difficulties.

For some time now our focus for speech pathology in this branch has been on prevention. This is reflected in the referrals that we receive from various sources. Of the 289 referrals received in 1991, 93% or 269, were for preschool children. This is a slight increase over previous years. Our public health nurses referred 43% of these preschool children, many of these as a direct result of their 3-year Communication Questionnaire. Parents, doctors, and our early childhood psychologist each referred about the same number of children during the year.

Travel continues to be a large part of the job. Clients are seen at all district health offices, including Big River, Rosthern, Shellbrook, Spiritwood, and Wakaw. In addition, the Nipawin-Carrot River area of the Melfort-Tisdale Health Region was provided with speech services by this region. It is anticipated that this will be discontinued early in 1992.

Much of the work we do is through direct client contact. However, since caseload numbers remain high, frequency of contact can become a problem. Parents become the main facilitator for change when it comes to helping children with speech and language difficulties. Other resources can come in to play in helping the child. The Early Childhood Intervention Program is involved with many of our special needs children. We maintain contact with the home interventionist for programming purposes throughout the year. We also utilize the resources of special needs teachers in day care centres, and occasionally parent aides working with the Native Coordinating Council here in Prince Albert. Group presentations are also given to day care staff and nursing home staff upon request.

We were very fortunate to be at full staff throughout the year. Laurie Laturnas began a six month maternity leave at the end of September. Lorene Froc took over Laurie's position until her return. For the fourth consecutive year Jay Rindahl was involved in a two-week Adult Intensive Stuttering Clinic at Prairie Christian Training Centre in Ft. Qu'Appelle. It is a very rewarding experience for all concerned, speech pathologist and client alike. However, this clinic is very disruptive in terms

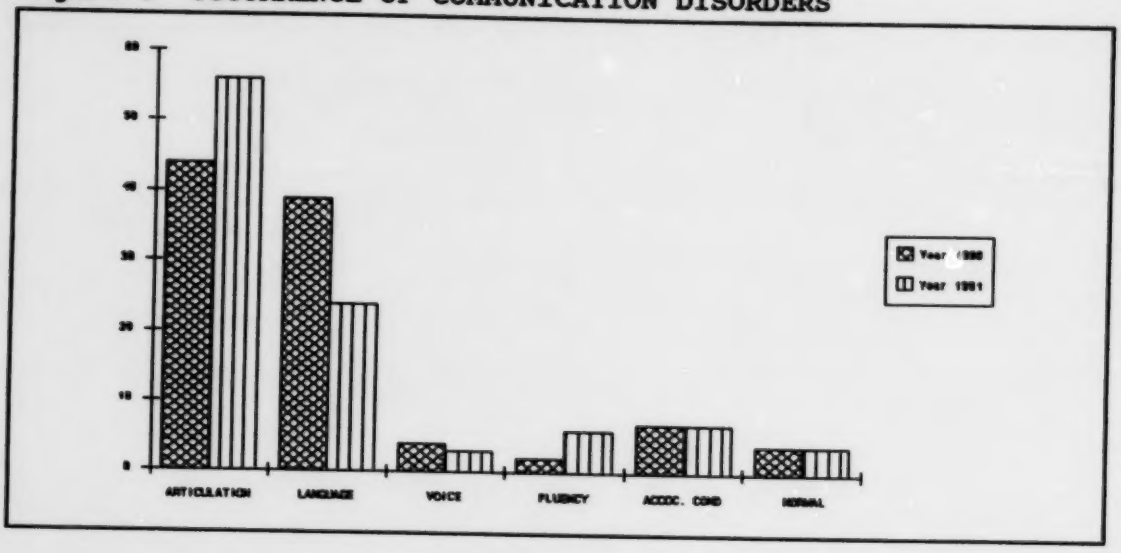
of time taken from the job in the Health Region. Hopefully this will be the last time our region will be called upon for a while.

The early childhood psychologist and speech pathologists began sharing a computer in 1991. From an administrative point of view, our computer has been very useful. We are able to complete reports on clients in a very timely manner with minimal time per report. In future, computerization will assist us in keeping track of caseload statistics and general caseload management. For the speech pathologists, programs are available for use in therapy with children and adults. Although we have not yet used the computer in therapy, 1992 looks like a good year to start!

Special thanks to all our clerical staff for a job well done throughout the year.

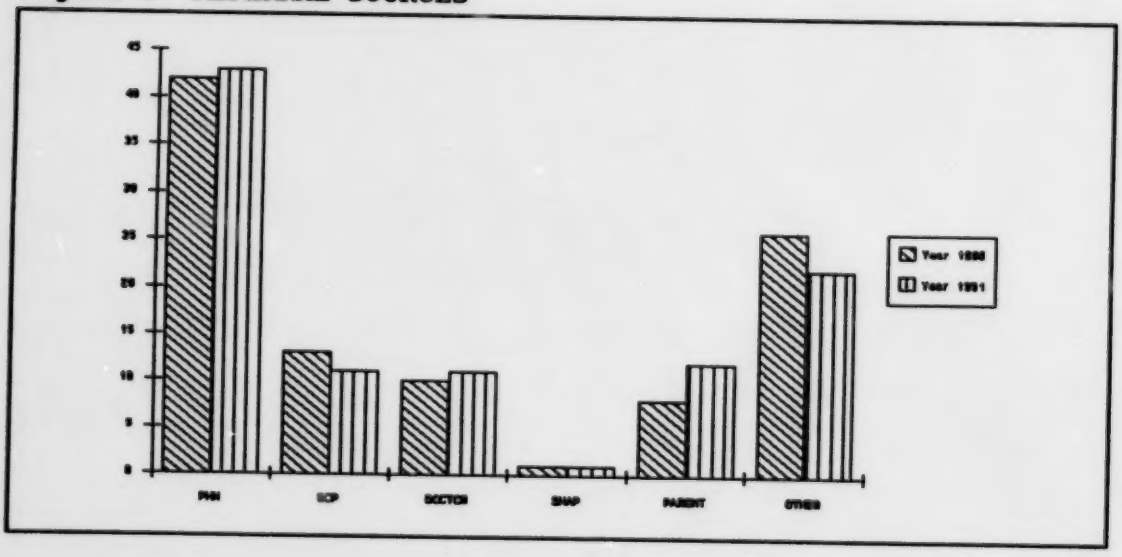
Jay Rindahl
Lorene Froc
Laurie Laturnas
Speech-Language Pathologists

Figure 5 OCCURRENCE OF COMMUNICATION DISORDERS



"Normal" means that the initial assessment indicated adequate speech and language development.

Figure 6 REFERRAL SOURCES



"Other" referral sources may include: Other speech-language pathologists, psychologists, occupational therapists, physiotherapists, care-givers, other than parents, staff members at preschools, daycare, Early Childhood Intervention Programs or rehabilitation centres, and parent aides.